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CENTRAL FAX CENTER  
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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application Of: )  
K. Morioka et al. )  
For: AIR/WATER-TIGHT SLIDE )  
FASTENER )  
Serial No.: 10/823,287 )  
Filed: April 13, 2004 )  
Examiner: James R. Brittain )  
Art Unit: 3677 )  
Conf. No.: 4565 )  
Atty Dkt No.: 114141-020 )

CERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300  
Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the following documents are being facsimile transmitted to the  
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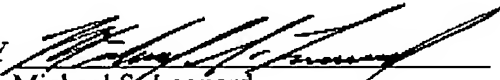
1. Amendment Transmittal (1 pg.); and
2. Response to Office Action (4 pgs.).


Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: December 22, 2005

BY

  
Michael S. Leonard  
P.O. Box 708  
Northbrook, IL 60065  
Phone: (847) 272-3400

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>114141-020</b>	
Applicant(s): <b>K. Morioka et al.</b>						
Application No. <b>10/823,287</b>	Filing Date <b>04/13/2004</b>	Examiner <b>James R. Brittain</b>	Customer No. <b>43793</b>	Group Art Unit <b>3677</b>	Confirmation No. <b>4565</b>	
Invention: <b>AIR/WATER-TIGHT SLIDE FASTENER</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	6	20	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-3189</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>12/22/2005</b>			
<b>Michael S. Leonard, Reg. No. 37,557</b> <b>Everest Intellectual Property Law Group</b> <b>P.O. Box 708</b> <b>Northbrook, IL 60065</b> <b>Phone: 847-272-3400</b> <b>Fax: 847-272-3417</b>			<div style="border: 1px solid black; padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____            (Date)         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Signature of Person Mailing Correspondence         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Typed or Printed Name of Person Mailing Correspondence         </div>			
CC:						

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Office Fax No. (571) 273-8300 on December 22,  
2005.  
Michael S. Leonard**RESPONSE TO OFFICE ACTION**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Response is submitted with in response to the final Office Action mailed November 22, 2005. Applicants request amendment, reconsideration and allowance of the patent application.

The Office Action states claims 1-6 are allowed. This Amendment cancels the only other pending claim, claim 7. Therefore, the application is in condition for allowance.

Applicants invite the Examiner to call Applicants' Representative to discuss any issues with this application.

**Listing of Claims** begins on page 2 of this Response.

**Remarks** begin on page 4 of this Response.